UNITED STATES FORM D ECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D 2006 ØTICE OF SALE OF SECURITIES

> PURSUANT TO REGULATION D, SECTION 4(6), AND/OR NIFORM LIMITED OFFERING EXEMPTION

3235-0076 OMB Number: April 30, 2008 Expires: Estimated average burden hours per response 16.00

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	icate change. 06049112
Name of Offering ( check if this is an amendment and name has changed, and ind	icate change.,
2006 Reinvestment Program	Rule 506 Section 4(6) UULOE
Filing Under (check box(es) that apply):   Rule 504 Rule 505	■ Rule 506 □ Section 4(6) □ ULOE
Type of Filing: New Filing	
A: BASIC IDENTIFICATION	DATA
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicated the changed in the changed i	ite change.)
Northland Transportation Company	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
4025 Delridge Way S.W., Suite 100, Seattle, WA 98106	(206) 892-2508
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
same	same
Brief Description of Business	PROCESSED
Holding company for marine freight operations	20 ADD 4 7 2000
Type of Business Organization	R APR 17 2005
E corporation in inition parameters, and any return of	er (please specify): THOMSON
□ business trust □ limited partnership, to be formed	
Month Year	FINANCIAL
Actual or Estimated Date of Incorporation or Organization:   0   7     0   3	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service ab	breviation for State:
CN for Canada; FN for foreign jurise	diction)   W A

### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at tha address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, an changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that hav adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each stat where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notic constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each executive officer and director of corporate issuers and of corporate general and an executive of corporate issuers
Each general and managing partner of partnership issuers.    Compare
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ত Executive Officer ☑ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Babson, Stephen E.
Business or Residence Address (Number and Street, City, State, Zip Code)
4025 Delridge Way S.W., Suite 100, Seattle, WA 98106  Check Pay(ce) that Apply:   Promoter Repeficial Owner Executive Officer Director General and/or Managing Partner
Check Box(es) that Apply. It is indicated to be beneficial to with the second to the s
Full name (Last name first, if individual)
Martin, Thomas F.
Business or Residence Address (Number and Street, City, State, Zip Code)
4025 Delridge Way S.W., Suite 100, Seattle, WA 98106  Check Box(es) that Apply:   Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Check Box(es) that Apply. If Homocar I Boriented 1
Full name (Last name first, if individual)
Hachler, Barry L.
Business or Residence Address (Number and Street, City, State, Zip Code)
4025 Delridge Way S.W., Suite 100, Seattle, WA 98106  Charle Pay(co) that Apply:   Promoter Repeticial Owner Executive Officer Director General and/or Managing Partner
Check Box(es) that Apply. If I follows I Beneficial 6 where
Full name (Last name first, if individual)
Bohnert, G. Shawn
Business or Residence Address (Number and Street, City, State, Zip Code)
4025 Delridge Way S.W., Suite 100, Seattle, WA 98106  Check Boy(ex) that Apply:   Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Check Box(Cs) that raphy.
Full name (Last name first, if individual)
Stauffer, Larry K.  Business or Residence Address (Number and Street, City, State, Zip Code)
4025 Delridge Way S.W., Suite 100, Seattle, WA 98106
Check Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner
Check Box(65) that Appriy.
Full name (Last name first, if individual)
Northey, William D.  Business or Residence Address (Number and Street, City, State, Zip Code)
4025 Delridge Way S.W., Suite 100, Seattle, WA 98106
Check Box(es) that Apply: $\square$ Promoter $\square$ Beneficial Owner $\square$ Executive Officer $\square$ Director $\square$ General and/or Managing Partner
Full name (Last name first, if individual)
Brix, Peter J.
Business or Residence Address (Number and Street, City, State, Zip Code)
4025 Delridge Way S.W., Suite 100, Seattle, WA 98106
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Richmond, Aaron S.
Business or Residence Address (Number and Street, City, State, Zip Code)
4025 Delridge Way S.W., Suite 100, Seattle, WA 98106
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Endeavor Capital Fund IV, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
920 SW Sixth Avenue, Suite 1400, Portland, OR 97204-1241

		······································							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full name (Last name first,	if individual)								
Haagen, James J.									
Business or Residence Add	ress (Number ar	nd Street, City, State, Z	ip Code)						
4025 Delridge Way S.W., Suite 100, Seattle, WA 98106									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full name (Last name first,	if individual)								
Spaunhurst, Edwin N.									
Business or Residence Add	ress (Number a	nd Street, City, State, Z	ip Code)						
4025 Delridge Way S.W., S	uite 100, Seattl	e, WA 98106							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			770	B. IN	FORMAT	ION ABOI	JT OFFER	ING				
						19 1 1		- <b>6</b> °:9			Yes 逐	No □
1. Has	the issuer solo								•••••			
			Answer also								\$ N/A	
2. Wha	at is the minim	um investr	nent that will	il be accept	ea from any	individuai	٠				<del>\$10/A</del>	
											Yes	No
3. Doe	s the offering	permit join	t ownership	of a single	unit?						×	
4. Ente	er the informa	ation reque	sted for ea	ch person	who has be	en or will	be paid or	r given, di	ectly or in	directly, any		
com	mission or sin	nilar remun	eration for	solicitation	of purchase	ers in conne	ection with s	sales of secu	irities in the	offering. If		
a pe	erson to be list es, list the nam	ed is an as ne of the b	sociated per roker or de	aler. If mo	re than five	e (5) persor	is to be list	ed are asso	ciated perso	ns of such a		
brol	er or dealer, y	ou may set	forth the in	formation f	or that brok	er or dealer	only.					
Full nar	ne (Last name	first, if ind	ividual)									
				<del></del>								
Busines	s or Residence	e Address (1	Number and	Street, Cit	y, State, Zip	Code)						
Name o	f Associated B	Broker or D	ealer									
States in	n Which Perso	n Listed Ha	as Solicited	or Intends t	o Solicit Pu	rchasers	<del> </del>					
	eck "All States						•••••					All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full nar	ne (Last name	first, if ind	lividual)							<u>-</u>		
Busines	s or Residence	e Address (	Number and	l Street, Cit	y, State, Zip	Code)						
Name o	f Associated I	Broker or D	ealer		AV Paris							
	n Which Perso											4.21 G
•	eck "All State									[GA]		All States [ID]
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full na	me (Last name	first, if inc	lividual)									
Busine	ss or Residenc	e Address (	Number and	d Street, Ci	ty, State, Zij	p Code)	<u></u>					
Name o	of Associated I	Broker or D	)ealer					· · ·				
States i	n Which Perso	on Listed H	as Solicited	or Intends	to Solicit Pu	ırchasers						
•	neck "All State						rw		FET T			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and			
	already exchanged.			
	Type of Security	Aggregate Offering Price	Amo	ount Already Sold
	Debt	\$	\$	
	Equity	\$	\$	
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests	\$	\$	
	Other (Specify Reinvestment Program )		\$	0
	Total		\$	
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Dol of	Aggregate Ilar Amount Purchasers
	Accredited Investors	16	\$ 9	9,613,619
	Non-accredited Investors	7	\$	386,381
	Total (for filings under Rule 504 only)		\$	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Do	llar Amount
	Type of offering	Security	Do	Sold
	Rule 505	-	\$	
	Regulation A		\$	
	Rule 504		\$	
	Total		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		\$	
	Legal Fees	×	\$	15,000
	Accounting Fees		\$	
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		\$	
	Total	×	\$	15,000

89è.	C. OFFERING PRICE, N	UMBER OF INVESTO	rs, expenses and u	JSE (	OK PROCEEDS	W	1. (1. 1 × 1. 1 × 1. 1 × 1. 1
	b. Enter the difference between the aggreg Question 1 and total expenses furnished in resthe "adjusted gross proceeds to the issuer."	ponse to Part C - Questi	on 4.a. This difference	18		<u>\$</u>	9,985,000
5.	Indicate below the amount of the adjusted gros for each of the purposes shown. If the amoun and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth in	t for any purpose is not l  The total of the paym	mown, furnish an estima ents listed must equal the	te			
	aujuneu g.coo p.coo.co				Payments to Officers, Directors, &		Payments to
				_	Affiliates	_	Others
	Salaries and fees				\$		<u>Ф</u>
	Purchase of real estate				3		<u>\$</u>
	Purchase, rental or leasing and installation of n				\$		3
	Construction or leasing of plant buildings and				\$		\$
	Acquisition of other businesses (including the may be used in exchange for the assets or secure	value of securities involvities of another issuer pu	red in this offering that rsuant to a merger)		\$		\$
	Repayment of indebtedness				\$		\$
	Working capital				\$	. <b>E</b>	\$ 9,985,000
0.1							\$
Oth	er (specify):				•	_	\$
	Column totals				Ψ	. <u>–</u>	\$ 9,985,000
Tot	al Payments Listed (column totals added)	••••••	•••••	ш		۳	\$ 7,705,000
3		D. FEDERAL S	IGNATURE				• ***
Sio	e issuer has duly caused this notice to be signed nature constitutes an undertaking by the issuer to ormation furnished by the issuer to any non-acc	o furnish to the U.S. Seco	irities and Exchange Con	nmıs	sion, upon wriπen	Rule 50 reque	05, the following st of its staff, the
	rthland Transportation Company	Signature G SZ	-01/	Date	3/30/0	6	
Na	me of Signer (Print or Type)	Title of Signer (Print or T Executive Vice President					

### ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

### 

E. STATE SIGNATURE

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understand that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Northland Transportation Company	Signature 9 8 8 Date 3   30   06	
Name of Signer (Print or Type) G. Shawn Bohnert	Title of Signer (Print or Type) Executive Vice President and Secretary	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1		2	3			4			5	
	to non-a	ed to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Reinvestment Program	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
СО										
CT										
DE										
DC										
FL										
GA										
HI									ļ	
ID								<u> </u>		
IL									<u> </u>	
IN									<u> </u>	
IA										
KS										
KY										
LA										
ME										
MD									<u> </u>	
MA										
MI										
MN									<u> </u>	
MS									ļ	
МО										
MT	Х		\$14,694	0	0	1	\$14,694		X	

## APPENDIX

1	2	2	3	4					5	
	to non-a	d to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	Reinvestment Number of Number of Non-Accredited No Investors Amount Investors Amount					Yes	No		
NE				·						
NV										
NH										
NJ	<del>                                     </del>									
NM										
NY										
NC										
ND										
ОН										
OK										
OR		Х	\$6,317,788	5	\$6,317,788	0	0		х	
PA										
RI									ļ	
SC										
SD								ļ		
TN								ļ		
TX									-	
UT								-		
VT								<b>_</b>	-	
VA									<u> </u>	
WA	X		\$3,667,518	11	\$3,295,831	6	\$371,687	<u> </u>	X	
wv								<u> </u>	-	
WI									-	
WY									ļ	
PR										

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